

**FEE
ONLY**

2287/C03/PVD/PS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Imran Hashim, Tony Chiang and Barry Chin
Serial No. : 10/761,466
Filed : January 21, 2004
For : METHOD AND APPARATUS FOR FORMING IMPROVED METAL
INTERCONNECTS
Examiner : Calvin Lee
Group Art Unit : 2825
Customer No. : 41161
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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NOV 22 2004

REQUEST FOR EXTENSION OF TIME
PURSUANT TO 37 CFR § 1.17 (a)

Sir:

Applicants respectfully request a two-month extension of
time in which to respond to the Examiner's Office Action mailed June

11/22/2004 23:51

9146313229

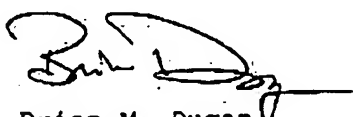
DUGAN & DUGAN

PAGE 04

Please charge Deposit Account No. 04-1696 in the amount of
\$430.00 to cover the one-month extension fee.

No other fees are believed necessary, however if additional
fees are required please charge deposit account No. 04-1696.

Respectfully submitted,



Brian M. Dugan
Registration No. 41,720
Dugan & Dugan, PC
Attorneys for Applicants
(914) 332-9081

01 FC:1252 430.00 DA

12/03/2004 LSPRUELL 00000001 041696 10761466

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEE ONLY

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Inventor(s): Imran Hashim, Tony Chiang and Barry Chin
Title: METHOD AND APPARATUS FOR FORMING IMPROVED METAL INTERCONNECTS
Serial No.: 10/761,466
Filed: January 21, 2004
Examiner: Calvin Lee
Group Art Unit: 2825

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Transmitted herewith is:

- ☒ Request for two-month extension of time
☒ Amendment
☒ Transmittal and Fax Cover Sheet

FEE CALCULATION

Fee Items	Highest No. of claims previously paid	Present No. of claims filed	Extra Claims	Fee Rate	Total
Total Claims	25			X \$18.00	\$0.00
Independent Claims	8			X \$88.00	\$0.00
Basic Filing Fee				\$790.00	PAID
TOTAL FEES					\$0.00

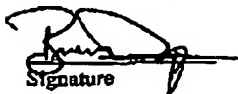
☒ The Commissioner is hereby authorized to charge \$0.00 to Deposit Account No. 04-1696.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-1696. A duplicate copy of this transmittal is enclosed.

☒ Please address all future correspondence to:
Customer # 41161
Dugan & Dugan, PC
55 South Broadway
Tarrytown, NY 10591

Certificate of Mailing/Transmission (37 C.F.R. Section 1.8(a))
I hereby certify that, on the date shown below, this correspondence is being

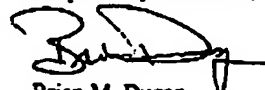
☒ transmitted by facsimile to the U.S. Patent and Trademark Office


Signature

November 22, 2004
Date

BRIAN M. DUGAN
(name of person certifying)

Respectfully submitted,


Brian M. Dugan
Attorney for Applicants
Registration No. 41,720
(914) 332-9081

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/761466

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	11	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20 =	*
INDEPENDENT CLAIMS	5 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 33	Minus ** 20	= 13
Independent	* 2	Minus *** 3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	12

SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	234.00
X86=	
+290=	
TOTAL ADDIT. FEE	234.00

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

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